

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
09/779,803

FILING DATE
28-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL ND.	13					
TOTAL DEP.	32	↓	↓	↓	↓	↓
TOTAL CLAIMS	15	██████████	██████████	██████████	██████████	██████████

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.		↓	↓
TOTAL DEP.		↓	↓
TOTAL CLAIMS		██████████	██████████